

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/06/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Northwest Wisconsin Community Services Agency Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 39-1091469

	c. Organizational DUNS:	153452248	PLUS 4:	
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d. Address

Street 1: 1118 Tower Avenue

Street 2:

City: Superior

County: Douglas

State: Wisconsin

Country: United States

Zip / Postal Code: 54880

e. Organizational Unit (optional)

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Gabrielle

Middle Name:

Last Name: Anderson

Suffix:

Title: Finance Director

Organizational Affiliation: Northwest Wisconsin Community Services Agency Inc.

Telephone Number: (715) 392-5127

Extension:

Fax Number: (715) 392-5511

Email: ganderson@northwest-CSA.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): Wisconsin
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: NWCSA PSH

16. Congressional District(s):

a. Applicant: WI-007

b. Project: WI-007

(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2019

b. End Date: 09/30/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Mrs.

First Name: Millie

Middle Name: C.

Last Name: Rounsville

Suffix:

Title: CEO

Telephone Number: (715) 392-5127
(Format: 123-456-7890)

Fax Number: (715) 392-5511
(Format: 123-456-7890)

Email: MRounsville@Northwest-CSA.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/06/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Northwest Wisconsin Community Services Agency Inc.

Prefix: Mrs.

First Name: Millie

Middle Name: C.

Last Name: Rounsville

Suffix:

Title: CEO

Organizational Affiliation: Northwest Wisconsin Community Services Agency Inc.

Telephone Number: (715) 392-5127

Extension: 113

Email: MRounsville@Northwest-CSA.org

City: Superior

County: Douglas

State: Wisconsin

Country: United States

Zip/Postal Code: 54880

2. Employer ID Number (EIN): 39-1091469

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$115,847.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	\$0.00	NA

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Note: If there are no other people included, write NA in the boxes.

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Millie Rounsville, CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/18/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Northwest Wisconsin Community Services Agency Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
 Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

I hereby certify that all the information stated

herein, as well as any information provided in the accompaniment herewith, is true and accurate.



Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Mrs.

First Name: Millie

Middle Name: C.

Last Name: Rounsville

Suffix:

Title: CEO

Telephone Number: (715) 392-5127
(Format: 123-456-7890)

Fax Number: (715) 392-5511
(Format: 123-456-7890)

Email: MRounsville@Northwest-CSA.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/06/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: Northwest Wisconsin Community Services Agency Inc.

Name / Title of Authorized Official: Millie Rounsville, CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/06/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Northwest Wisconsin Community Services Agency Inc.
Street 1: 1118 Tower Avenue
Street 2:
City: Superior
County: Douglas
State: Wisconsin
Country: United States
Zip / Postal Code: 54880

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and

complete.

Authorized Representative

Prefix: Mrs.

First Name: Millie

Middle Name: C.

Last Name: Rounsville

Suffix:

Title: CEO

Telephone Number: (715) 392-5127
(Format: 123-456-7890)

Fax Number: (715) 392-5511
(Format: 123-456-7890)

Email: MRounsville@Northwest-CSA.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/06/2018

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

The mission of NWCSA is to improve the quality of life by providing resources and services within our community. NWCSA works towards its mission by providing a wide of program and services with its 5 county services delivery area in Northwestern Wisconsin. Some of the programs currently administered through NWCSA include: Transitional Housing, Affordable Housing, Emergency Shelter Programs, Crisis Assistance, Senior Center, WIC, Birth to 3, prenatal care, Fit Families, adult day care centers, food shelves, soup kitchen, SSVF, RSVP, VITA sites, senior commodities, rapid re-housing and scholarship applications for local non-profit services. As an organization we provide services to over 10,000 individuals each year.

NWCSA is a community action agency incorporated in 1967. The majority of the programs that have operated through our history are utilizing federal funds in some part of their programming. For over 20 years NWCSA has utilized HUD funding through its CDBG, ESG and CoC programs to provide homeless and at-risk of homeless households with hotel vouchers, emergency shelter operations and case management, as well as, transitional housing scattered site leased units and supportive services. We are also a partner with the State of WI in the HOME program. We have been creating affordable housing for low income households under 30% of CMI for since 1994. In addition to HUD we currently receive federal funding from the following: Dept. of Homeland Security for prevention and hotel vouchers for homeless/at-risk households; Internal Revenue Service to provide free tax assistance to low income households; Health and Human Services to assist low income households in moving out of poverty; Corporation for National and Community Service to provide senior volunteers with community based non-profits; Dept. of Veterans Affairs to provide prevention and rapid rehousing for veterans; and Dept. of Agriculture contracts to provide commodities to seniors, soup kitchens and food pantries, nutrition education to snap eligible households, farmer market vouchers, peer breastfeeding support and the WIC program (nutrition education and food vouchers for low income pregnant/postpartum women and children 5 and under).

The Northwest COC is a primarily rural continuum covering 5 counties, 6,000 square miles with a population of 90,000 people. Currently our organization is the only federally funded homeless provider, only organization participating in Coordinated Entry and one of two HMIS using agencies. We currently operate two hotel voucher programs and ESG/HPP funded rapid re-housing for the entire service area, the homeless men's shelter and privately funded transitional living program for men in Superior, and both SSVF and COC Funded Transitional Housing in Ashland, Bayfield and Douglas Counties. NWCSA has been actively working with landlords in our area for over 20 years providing

rental assistance and case management for homeless/at-risk of homeless households. We are confident that upon award of the grant we will be able to begin transitioning the program by working to exit TH clients successfully into permanent housing within the community. At the same time we will begin identifying chronically homeless households on the priority list, getting them document ready and enrolled in the PSH Program.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

NWCSA has been providing housing and homeless services for decades. As a community action agency we conduct community needs assessment every three years. In terms of housing we have been involved in all aspects from homeless services to homeownership. Our organization was the first agency in Wisconsin to partner with USDA Rural Development on a self-help building program in the mid 90's we have administered lease purchase programs and used other funding to build and sell housing to low and moderate income households. For rental housing we have provided loans to landlords for rehabbing units creating affordable housing, as well as, we have purchased and own units with NSP, HOME, LITC and private resources to meet needs within our communities that lack affordable housing. Homeless prevention assistance and emergency shelter services have been provided since the 1980's through our offices using FEMA, CSBG, ESG, and CDBG as funding sources. NWCSA continues to successfully meet its obligation in securing matching funds for numerous grants, including the existing CoC grants since 1999. To meet these obligations we receive gifts from private donors and local foundations; allocations from the state and local government and in-kind goods and services that we use as leverage for our programs.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

The Northwest Wisconsin Community Services Inc. (NWCSA) is a private non-profit organization that was incorporated in May of 1967 as a result of the Economic Opportunity Action. As a Community Action agency we are governed by a tripartite Board of Directors representing low-income, formerly homeless, community members and elected officials. The Board of Directors meets on a bi-monthly basis to review the financial reports of the organization, progress program reports and other related business activities that require Board oversight and approval. During the months the Board does not meet the Finance Committee meets to also review monthly financial reports, approve CEO reimbursement and credit card statements and to make review/make policy recommendations to the full Board on financial related items.

NWCSA has 28 employees and maintains a full time CEO and Finance Director. The organization does maintain personnel policy manuals and financial policies and procedure manuals. The organization is in compliance with all aspects of its contracts for services. We utilize a fund accounting software called Orion that was created specifically for community action agencies that simultaneously operate a variety of contracts and services. The system not only conforms to GAAP but it also allow for segregation

requirements to properly record and report financial information to our various funding sources. Each contract is able to have its own performance period, revenue, expenses and asset accounts. If a staff is working in more than one program, as reflected on the timesheet, the system automatically costs allocates the associated employee benefits and tax liabilities to those accounts based upon actual hours worked. The organization completes an annual audit that conforms to both A-110 and A-133 and is considered a low risk auditee.

NWCSA utilizes fund accounting software created by THO called Orion. This software was created and developed specifically for community action agencies. Fund accounting software allows for each program or contract to have a separate fund. The organization is then able to generate financial statements on both an organization level for any given period of time as well as detailed individual fund reports. Each individual fund has its activities such as revenue source(s), expenses and fiscal year segregated within the entire organizations chart of accounts. When a contract is executed a funds is assigned a number and created within the general ledger. As part of creating the fund within the software system the budget, revenue sources, grant amount, expense line items and contract period are entered so the reports generated from the system reflect the approved contract with that funding source.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)? No

3A. Project Detail

1a. CoC Number and Name: WI-500 - Wisconsin Balance of State CoC

1b. CoC Collaborative Applicant Name: Wisconsin Balance of State Continuum of Care, Inc.

2. Project Name: NWCSA PSH

3. Project Status: Standard

4. Component Type: PH

4a. Will the PH project provide PSH or RRH? PSH

5. Does this project use one or more properties that have been conveyed through the Title V process? No

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA). Yes

6a. List all expiring project(s) involved in the transition:

Grant Number	Operating Start Date	Expiration Date	Component Type
WI0002L5I001710	10/01/2018	09/30/2019	TH

IMPORTANT: For all expiring projects listed above, be sure to attach a copy of the most recently approved project application(s) on Screen 7A. (e.g., if the project was last funded in the FY 2017 CoC Program Competition, a copy of the FY 2017 CoC Program Competition project application).

6b. Provide a brief description that addresses the scope of the proposed transition from the expiring component to the new component during the first year of operation; including how no more than 50 percent of each transition grant may be used for costs of eligible activities of the program component originally funded

As the transitional housing program nears the end of its final operating year we will no longer enroll clients into the program. We will continue to work with clients on increasing income and finding permanent affordable housing options in the community. If a client is interested in remaining in the same physical unit NWCSA will work with the landlord to have the lease transferred from NWCSA to the client. At the same time we will begin identifying potential chronically homeless clients on the priority list and get them document ready.

Upon commencement of the transition grant period we will begin enrolling the chronically homeless households identified from the priority list into the permanent supportive housing program. Once the client is enrolled case management services will commence. One of the first steps is to assess for housing needs and to find appropriate units within the community that will be leased by NWCSA and sub-leased to the participant.

By the 4th month of operations all transitional housing clients will successfully have exited the program. By the 6th month of operations the program will be providing case management and 10 units of scattered site permanent supportive housing to chronically homeless individuals.

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

NWCSA is proposing to implement 9 units of scattered site leased units for permanent supportive housing for chronically homeless households within the Cities of Ashland and Superior. Within the five county service area there are only these two communities (Ashland and Superior) that have populations over 9,000 people. These communities also provide public transportation, medical facilities, job service locations and access to other community amenities (grocery stores, employers, mainstream resources).

We will continue to work our current partners in providing job training and assessment, health related services, transportation and counseling services. Our organization can provide case management food, clothing, household furnishings, assistance in accessing and using mainstream benefits such SOAR, SSDI and SSI ,mental Health Services AODA ,WIC services, maternal and childhood health services, and life skills training.

The goals of the project are to first stabilize the household within the unit and identify issues and barriers for the households. We will then look at ways to reduce the barriers, ensure that they are receiving all the benefits they may be eligible for, ensure any children in the household are enrolled in school and work with the household on identify their specific goals and needs.

The ultimate goals of the program are 60 % to increase household income or increase access to non-cash benefits and work towards finding and maintaining long term permanent housing outside of the program after there is no longer a need for the intensive case management services. The program hopes that 90% will exit to or maintain permanent housing.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	30	0		

Participant enrollment in project begins?	30	0		
Participants begin to occupy leased units or structure(s), and supportive services begin?	60	0		
Leased or rental assistance units or structure, and supportive services near 100% capacity?	180	0		
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

3. Will your project participate in a CoC Coordinated Entry Process? Yes

*** 4. Please identify the project's specific population focus.**

(Select ALL that apply)

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

5. Housing First

a. Will the project quickly move participants into permanent housing? Yes

b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

d. Will the project follow a "Housing First" approach? Yes
 (Click 'Save' to update)

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

Within our local continuum there are four emergency shelter facilities and four organizations that provide homeless shelter services. In the rural four county area the only physical shelter is New Day a domestic violence facility in Ashland. Two organizations also in Ashland, Ashland Cares and the BRICK, help fill gaps in services though hotel vouchers in partnership with our organization. In Superior we are fortunate that we have three organizations operating emergency shelter facilities. Harbor House serving single women and families, CASDA serving Domestic Violence victims and our agency operating a men's shelter so we are not duplicating services. St Vincent de Paul along with our organization works to fill in the gaps with hotel vouchers when the shelter facilities are not available. All homeless households that are identified within the community and/or served through one of the organizations mentioned are referred to Coordinated Entry though NWCSA.

For the proposed permanent supportive housing program NWCSA will work with the landlords in our communities to secure scattered site leased units within the program. As NWCAS has been providing both prevention and homeless services for years we have a list of landlords that have been willing to work with our programs in the past and typically have units available. Similar to how our work with both Rapid Rehousing and Transitional Housing we contact landlords to find available units if the client has not already identified a unit or need assistance in locating one. Once a unit has been identified an inspection and rent reasonableness form are completed for that unit prior to the execution of the written lease.

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

8. Will more than 16 persons live in one structure? No

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

10. Indicate whether the project is “100% Dedicated,” or “DedicatedPLUS,” according to the information provided above. 100% Dedicated

4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.

X

2. Describe how participants will be assisted to obtain and remain in permanent housing.

Once a HH is enrolled, the CM meets w/the HH & provides an overview of program & review FMR & RR. HH identify possible units w/CM assistance. Due to rental, credit or criminal barriers, CM support is important when working with LL. NWCSA has relationships w/LL in the communities we serve. Once a client selects a unit, we will ensure FMR, RR, HQS & negotiate the lease between the agency & LL. Once the client moves in, the CM will work w/the HH to set goals related to hsg stability. This will include the extent of CM, frequency of visits, areas to address. More steps can be identified in ongoing CM to reach the HH's outcomes. The CM will identify community resources the HH may benefit from. These can include W2, economic support, DVR, SS, educational resources, mental health/AODA. The CM will act as a liaison with the LL for any issues or concerns, mitigating potential lease violations & work to avoid evictions. If the client is evicted, the CM would work to re-house the HH quickly.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

Program participants that want to apply for disability benefits will be referred to the SOAR program. NWCA maintains an MOU that allows for direct referrals and follow-up at no cost to the participant with the Concentrated Employment Program, technical college and the job center should the participant seek educational options such as completing a GED or a credentialed program. They also provide training with job training skills, resumes and mock interviews.

Case Managers budget with all program participants at least monthly to ensure that necessary bills are being paid on time. Referrals to mainstream resources will be made to assist each household in stretching its income and maintaining stable housing.

**4. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.**

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	Weekly
Assistance with Moving Costs	Non-Partner	As needed
Case Management	Applicant	Weekly
Child Care	Partner	As needed
Education Services	Partner	As needed
Employment Assistance and Job Training	Partner	As needed
Food	Applicant	As needed
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Partner	As needed
Life Skills Training	Applicant	As needed
Mental Health Services	Partner	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Applicant	Weekly
Substance Abuse Treatment Services	Partner	As needed
Transportation	Applicant	As needed
Utility Deposits	Non-Partner	As needed

5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes



5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

6a. Has the staff person providing the Yes

**technical assistance completed SOAR
training in the past 24 months.**

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 9

Total Beds: 16

Total Dedicated CH Beds: 16

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	9	16

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 9

b. Beds: 16

3. How many beds of the total beds in “2b. 16 Beds” are dedicated to the chronically homeless?

This includes both the “dedicated” and “prioritized” beds.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 1118 Tower Avenue

Street 2:

City: superior

State: Wisconsin

ZIP Code: 54880

***5. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

559003 Ashland County, 559031 Douglas County

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	6	3	0	9
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	5	0		5
Adults ages 18-24	1	3		4
Accompanied Children under age 18	7		0	7
Unaccompanied Children under age 18			0	0
Total Persons	13	3	0	16

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	5	0	0	2	0	2	0	1	1	0
Adults ages 18-24	1	0	0	1	0	1	0	0	0	0
Children under age 18	7			0	0	0	0	0	0	0
Total Persons	13	0	0	3	0	3	0	1	1	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	0	0	0	0	0	0	0	0	0	0
Adults ages 18-24	3	0	0	1	0	1	0	1	0	0
Total Persons	3	0	0	1	0	1	0	1	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

0%	Directly from the street or other locations not meant for human habitation.
100%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
100%	Total of above percentages

2. Describe the outreach plan to bring these homeless participants into the project.

In addition to outreach through the homeless provider network there are materials distributed through law enforcement, head start, school districts, social services organizations, disability advocates, food pantries and meal sites within the communities. Community awareness events are held annually to inform the general public as well as presentations to City Council and County Board members. Posters are also placed in local stores, laundry mats and medical facilities of services available.

The bi-annual point in time is also used as a chance to outreach to those whom are homeless and have not yet connected to any shelter provider or the coordinated entry system.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020? Yes

2. What type of CoC funding is this project applying for in the 2018 CoC Competition? Reallocation

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Select a grant term: 1 Year

*** 5. Select the costs for which funding is being requested:**

Acquisition/Rehabilitation/New Construction	<input type="checkbox"/>
Leased Units	<input checked="" type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input type="checkbox"/>
HMIS	<input type="checkbox"/>

6C. Leased Units

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:		\$67,008	
Grant Term:		1 Year	
Total Request for Grant Term:		\$67,008	
Total Units:		9	
FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
WI - Ashland Coun...	4	\$31,008	\$31,008
MN - Duluth, MN-W...	5	\$36,000	\$36,000

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Metropolitan or non-metropolitan fair market rent area: WI - Ashland County, WI (5500399999)

Leased Units Annual Budget

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Size of Units	Number of units (Applicant)	FMR (Applicant)	HUD Paid Rent (Applicant)	12 months	Total request (Applicant)
SRO	0 x	\$382	\$0 x	12 =	\$0
0 Bedroom	0 x	\$509	\$0 x	12 =	\$0
1 Bedroom	1 x	\$512	\$512 x	12 =	\$6,144
2 Bedroom	2 x	\$681	\$631 x	12 =	\$15,144
3 Bedroom	1 x	\$879	\$810 x	12 =	\$9,720
4 Bedroom	0 x	\$939	\$0 x	12 =	\$0
5 Bedroom	0 x	\$1,080	\$0 x	12 =	\$0
6 Bedroom	0 x	\$1,221	\$0 x	12 =	\$0
7 Bedroom	0 x	\$1,362	\$0 x	12 =	\$0
8 Bedroom	0 x	\$1,502	\$0 x	12 =	\$0
9 Bedroom	0 x	\$1,643	x	12 =	\$0
Total units and annual assistance requested:	4				\$31,008
Grant term:					1 Year
Total request for grant term:					\$31,008

Click the 'Save' button to automatically calculate totals.

Please enter an amount for HUD Paid Rent.

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

**Metropolitan or non-metropolitan MN - Duluth, MN-WI MSA (2701799999)
 fair market rent area:**

Leased Units Annual Budget

Size of Units	Number of units (Applicant)	FMR (Applicant)	HUD Paid Rent (Applicant)	12 months	Total request (Applicant)
SRO	0 x	\$390	\$0 x	12 =	\$0
0 Bedroom	0 x	\$520	\$0 x	12 =	\$0
1 Bedroom	2 x	\$603	\$600 x	12 =	\$14,400
2 Bedroom	3 x	\$771	\$600 x	12 =	\$21,600
3 Bedroom	0 x	\$1,001	\$0 x	12 =	\$0
4 Bedroom	0 x	\$1,201	\$0 x	12 =	\$0
5 Bedroom	0 x	\$1,381	\$0 x	12 =	\$0
6 Bedroom	0 x	\$1,561	\$0 x	12 =	\$0
7 Bedroom	0 x	\$1,741	\$0 x	12 =	\$0
8 Bedroom	0 x	\$1,922	\$0 x	12 =	\$0
9 Bedroom	0 x	\$2,102	\$0 x	12 =	\$0
Total units and annual assistance requested:	5				\$36,000
Grant term:					1 Year
Total request for grant term:					\$36,000

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	1 FTE @ \$32,280 plus 14% fringe	\$37,701
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

14. Substance Abuse Treatment Services		
15. Transportation	100 miles per month @.51 cents per mile	\$612
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$38,313
Grant Term		1 Year
Total Request for Grant Term		\$38,313

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	\$12,212
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$12,212

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	NWCSA	08/16/2018	\$12,212

Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** Cash
- 3. Type of source:** Government
- 4. Name the source of the commitment:** NWCSA
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/16/2018
- 6. Value of Written Commitment:** \$12,212

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$67,008	1 Year	\$67,008
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$38,313	1 Year	\$38,313
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$105,321
8. Admin (Up to 10%)			\$10,526
9. Total Assistance Plus Admin Requested			\$115,847
10. Cash Match			\$12,212
11. In-Kind Match			\$0
12. Total Match			\$12,212
13. Total Budget			\$128,059

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No	NWCSA PSH match I...	08/25/2018
3) Other Attachment(s)	No	FY17 Renewal Appl...	09/05/2018

Attachment Details

Document Description:

Attachment Details

Document Description: NWCSA PSH match letter

Attachment Details

Document Description: FY17 Renewal Application

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

Applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provide

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Millie Rounsville

Date: 09/06/2018

Title: CEO

Applicant Organization: Northwest Wisconsin Community Services Agency Inc.

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am

X

aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required

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1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/25/2018
1E. SF-424 Compliance	08/25/2018
1F. SF-424 Declaration	08/25/2018
1G. HUD 2880	08/25/2018
1H. HUD 50070	08/25/2018
1I. Cert. Lobbying	08/25/2018
1J. SF-LLL	08/25/2018
2A. Subrecipients	No Input Required
2B. Experience	09/05/2018
3A. Project Detail	09/05/2018
3B. Description	09/06/2018
4A. Services	09/06/2018
4B. Housing Type	09/06/2018
5A. Households	09/06/2018
5B. Subpopulations	No Input Required
5C. Outreach	08/25/2018
6A. Funding Request	08/25/2018
6C. Leased Units	08/25/2018
6F. Supp Srvcs Budget	08/25/2018
6I. Match	08/25/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	09/05/2018
7D. Certification	08/25/2018

Northwest Wisconsin Community Services Agency, Inc.

SERVING THE COUNTIES OF ASHLAND, BAYFILED, DOUGLAS, IRON AND PRICE

ADMINISTRATIVE OFFICE
1118 TOWER AVENUE
SUPERIOR, WISCONSIN 54880
Phone: 715-392-5127
Fax: 715-392-5511
www.Northwest-CSA.org



Millie Rounsville, *Chief Executive Officer*

August 16, 2018

**US Department of Housing and Urban Development
Continuum of Care FY 2018 Transition Project
ABC Transitional Housing to PSH**

The purpose of this letter is to confirm that NWCSA will be providing the following \$12,212 in cash match for the October 1, 2019 – September 30, 2020 Grant Period.

The source of the match is the Northwest Wisconsin Community Services Agency's Community Service Block Grant.

Any questions please do not hesitate to contact me.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read 'm rounsville'.

Millie Rounsville

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2017 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/13/2017

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: WI0002

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Northwest Wisconsin Community Services Agency Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 39-1091469

	c. Organizational DUNS:	153452248	PLUS 4	
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d. Address

Street 1: 1118 Tower Avenue

Street 2:

City: Superior

County: Douglas

State: Wisconsin

Country: United States

Zip / Postal Code: 54880

e. Organizational Unit (optional)

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Gabrielle

Middle Name:

Last Name: Anderson

Suffix:

Title: Finance Director

Organizational Affiliation: Northwest Wisconsin Community Services Agency Inc.

Telephone Number: (715) 392-5127

Extension:

Fax Number: (715) 392-5511

Email: ganderson@northwest-CSA.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6100-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Wisconsin
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: ABC Transitional Housing

16. Congressional District(s):

a. Applicant: WI-007
(for multiple selections hold CTRL key)

b. Project: WI-007
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2018

b. End Date: 09/30/2019

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No
If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Mrs.

First Name: Millie

Middle Name: C.

Last Name: Rounsville

Suffix:

Title: CEO

Telephone Number: (715) 392-5127
(Format: 123-456-7890)

Fax Number: (715) 392-5511
(Format: 123-456-7890)

Email: MRounsville@Northwest-CSA.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/13/2017

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Northwest Wisconsin Community Services Agency Inc.

Prefix: Mrs.

First Name: Millie

Middle Name: C.

Last Name: Rounsville

Suffix:

Title: CEO

Organizational Affiliation: Northwest Wisconsin Community Services Agency Inc.

Telephone Number: (715) 392-5127

Extension: 113

Email: MRounsville@Northwest-CSA.org

City: Superior

County: Douglas

State: Wisconsin

Country: United States

Zip/Postal Code: 54880

2. Employer ID Number (EIN): 39-1091469

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$115,847.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: ABC Transitional Housing 1118 Tower Avenue Superior Wisconsin

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
 (For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	\$0.00	NA

Part III Interested Parties

You must disclose:
 1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
 2. any other person who has a financial interest in the project or activity for which the

assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Millie Rounsville, CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/18/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Northwest Wisconsin Community Services Agency Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in

X

the accompaniment herewith, is true and accurate.



Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Mrs.

First Name: Millie

Middle Name: C.

Last Name: Rounsville

Suffix:

Title: CEO

Telephone Number: (715) 392-5127
(Format: 123-456-7890)

Fax Number: (715) 392-5511
(Format: 123-456-7890)

Email: MRounsville@Northwest-CSA.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/13/2017

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: Northwest Wisconsin Community Services Agency Inc.

Name / Title of Authorized Official: Millie Rounsville, CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/13/2017

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Northwest Wisconsin Community Services Agency Inc.

Street 1: 1118 Tower Avenue

Street 2:

City: Superior

County: Douglas

State: Wisconsin

Country: United States

Zip / Postal Code: 54880

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and

complete.

Authorized Representative

Prefix: Mrs.

First Name: Millie

Middle Name: C.

Last Name: Rounsville

Suffix:

Title: CEO

Telephone Number: (715) 392-5127
(Format: 123-456-7890)

Fax Number: (715) 392-5511
(Format: 123-456-7890)

Email: MRounsville@Northwest-CSA.org

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/13/2017

Additional Information

Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.

Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.

Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.

If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards:

Organization	Type	Type	Sub-Award Amount
This list contains no items			

2B. Recipient Performance

- 1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?** Yes
- 2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?** No
- 3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?** Yes
- 4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?** No

3A. Project Detail

1. Expiring Grant Number: WI0002

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: WI-500 - Wisconsin Balance of State CoC

2b. CoC Collaborative Applicant Name: Wisconsin Balance of State Continuum of Care, Inc.

3. Project Name: ABC Transitional Housing

4. Project Status: Standard

5. Component Type: TH

6. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

ABC Transitional Housing is a program that provides opportunities for self sufficiency for homeless households. The goal is to increase 50% of adults total income & 80% of people exiting to permanent housing. The project consists of 12 units of scattered site housing serving both singles and families for up to 24 months. A full time CM works exclusively with the households. The comprehensive arrive of support services are provided directly by the case manager. These services include goal setting; employment assistance; employment skills and training; literacy education including the option to get a GED; life skills training; housing counseling; budgeting; money management; parenting skills and nutrition; childcare and transportation assistance; furnishings for units including food and clothing; and other services specific to each client’s needs. The level of supportive services will be dependent upon the extent of the need to enable accomplishment of goals and availability of resources. For services that cannot be provided by the case manager such as counseling, mental health or AODA treatment referrals are made to other community providers such as North Lakes Community Health Center or Bay Area Mental Health. The CM also partners with Northwest CEP for employment training services and the local Human Service Departments for mainstream benefit coordination.

Many of the homeless households entering the program have multiple barriers such as physical/mental health conditions, substance abuse issues, large families, poor credit, no income, lack of education and history of domestic violence. The project follows a housing first, low barrier entry in accordance with coordinated entry and the BOS written standards. Persons are not removed from the program due to lack of income, failure to meet program goals or being a victim of domestic violence. Rather the case managers work with the each household to re-establish goals, provide additional supports that may be needed to reduce barriers and identify potential treatment options if requested. All clients enrolling in the program come directly from shelter. Households that are identified as chronic homeless, DV survivors, contain a household member with a disability or youth under 25 are prioritized for services. Disabilities may include substance abuse, severe mental illness or a developmental or physical disability. Since the inception of this project 4 units have been set aside as a partnership with the DV provider. In addition to the services provided by the COC funded CM these households also maintain services with the DV provider for items such as legal services and support groups.

While there are currently two emergency shelter providers in the rural four county area there is only one transitional housing program available. COC funds are essential in our community in order to maintain the transitional housing program. Without the COC funds this service would not be available.

2. Does your project have a specific population focus? No

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3d. Does the project follow a "Housing First" approach? Yes

4A. Supportive Services for Participants

**1. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.**

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	Weekly
Assistance with Moving Costs	Non-Partner	As needed
Case Management	Applicant	Weekly
Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Partner	As needed
Food	Partner	Monthly
Housing Search and Counseling Services	Applicant	Monthly
Legal Services	Applicant	As needed
Life Skills Training	Applicant	Weekly
Mental Health Services	Non-Partner	As needed
Outpatient Health Services	Non-Partner	As needed
Outreach Services	Applicant	As needed
Substance Abuse Treatment Services	Partner	As needed
Transportation	Applicant	As needed
Utility Deposits	Non-Partner	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? Yes



2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner? Yes

agency?

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 12

Total Beds: 24

Housing Type	Units	Beds
Single family homes/townhou...	12	24

4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 12

b. Beds: 24

3. Address

Street 1: 1118 Tower Avenue

Street 2:

City: Superior

State: Wisconsin

ZIP Code: 54880

**5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

559003 Ashland County

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	10	2	0	12

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	8	2		10
Adults ages 18-24	2	0		2
Accompanied Children under age 18	12		0	12
Unaccompanied Children under age 18			0	0
Total Persons	22	2	0	24

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24	0	0	1	1	0	4	4	1	0	0
Adults ages 18-24	0	0	0	1	0	0	1	0	0	0
Children under age 18	0			0	0	0	10	1	1	0
Total Persons	0	0	1	2	0	4	15	2	1	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24	0	0	0	1	0	0	1	0	0	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	0	0	0	1	0	0	1	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

	Directly from the street or other locations not meant for human habitation.
100%	Directly from emergency shelters.
	Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (TH and SSO Projects Only)
	Directly from safe havens.
	Persons fleeing domestic violence.
	Directly from transitional housing.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Renewal Grant Term: 1 Year
5. Select the costs for which funding is being requested:
- | | |
|---------------------|-------------------------------------|
| Leased Units | <input checked="" type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating | <input type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

6B. Leased Units Budget

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:		\$67,000	
Grant Term:		1 Year	
Total Request for Grant Term:		\$67,000	
Total Units:		12	
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
WI - Ashland Coun...	12	\$67,000	\$67,000

Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area: WI - Ashland County, WI (5500399999)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom	2	
2 Bedroom	8	
3 Bedroom	2	
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	12	\$67,000
Grant Term		1 Year
Total Request for Grant Term		\$67,000

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	\$12,212
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$12,212

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Community Service...	08/23/2017	\$12,212

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Government
- 4. Name the Source of the Commitment:** Community Services Block Grant
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/23/2017
- 6. Value of Written Commitment:** \$12,212

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$67,000
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$38,321
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$105,321
7. Admin (Up to 10%)	\$10,526
8. Total Assistance plus Admin Requested	\$115,847
9. Cash Match	\$12,212
10. In-Kind Match	\$0
11. Total Match	\$12,212
12. Total Budget	\$128,059

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	NWCSA ABC TH Matc...	08/23/2017
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: NWCSA ABC TH Match letter

Attachment Details

Document Description:

7B. Certification

A. For all projects: Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Millie Rounsville

Date: 09/13/2017

Title: CEO

Applicant Organization: Northwest Wisconsin Community Services Agency Inc.

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by

X

the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2- Recipient and Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
2B. Recipient Performance	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input checked="" type="checkbox"/>
4B. Housing Type	<input checked="" type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
5C. Outreach	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6B. Leased Units	<input checked="" type="checkbox"/>

6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

There have been no changes to the application.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/22/2017
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/22/2017

1E. SF-424 Compliance	08/22/2017
1F. SF-424 Declaration	08/22/2017
1G. HUD-2880	08/22/2017
1H. HUD-50070	08/22/2017
1I. Cert. Lobbying	08/22/2017
1J. SF-LLL	08/22/2017
2A. Subrecipients	No Input Required
2B. Recipient Performance	08/22/2017
3A. Project Detail	08/22/2017
3B. Description	08/23/2017
4A. Services	08/23/2017
4B. Housing Type	08/23/2017
5A. Households	08/23/2017
5B. Subpopulations	No Input Required
5C. Outreach	08/22/2017
6A. Funding Request	08/22/2017
6B. Leased Units	08/23/2017
6D. Match	08/23/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/23/2017
7B. Certification	08/23/2017
Submission Without Changes	09/13/2017

Northwest Wisconsin Community Services Agency, Inc.

SERVING THE COUNTIES OF ASHLAND, BAYFIELD, DOUGLAS, IRON AND PRICE

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Millie Rounsville, *Chief Executive Officer*

August 23, 2017

**US Department of Housing and Urban Development
Continuum of Care FY 2017 Project Renewal
ABC Transitional Housing**

The purpose of this letter is to confirm that NWCSA will be providing the following \$12,212 in cash match for the October 1, 2018 – September 30, 2019 Grant Period.

The source of the match is the Northwest Wisconsin Community Services Agency's Community Service Block Grant.

Any questions please do not hesitate to contact me.

Respectfully submitted,

Millie Rounsville